

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 NOV 13 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700162842457  
11/16/09--01006--016 \*\*282.50  
CR2E041 (10/08)

**DOCUMENT #** L07000031757

**1. Limited Liability Company's Name**

ARIJXE EUROPEAN PROPERTIES LLC  
9643 NW 33 ST  
DORAL, FL. 33172

**2. Principal Office Address - No P.O. Box #**

9643 NW 33 ST

Suite, Apt. #, etc.

**City & State**

DORAL, FL.

Zip

33172

Country

USA

**3. Mailing Office Address**

9643 NW 33 ST

Suite, Apt. #, etc.

**City & State**

DORAL, FL.

Zip

33172

Country

USA

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified**

To Do Business in Florida 03/26/2007

**6. FEI Number**

☒

Applied For

Not Applicable

**7. CERTIFICATE OF  
STATUS DESIRED**

☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

ROSE A. SEGREGO

Street Address (P.O. Box Number is Not Acceptable)

9643 NW 33 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

☒

A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*Rose A. Segredo*

REGISTERED AGENT MUST SIGN

Date 11/10/2009

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGMBR	ROSE A. SEGREGO	9643 NW 33 ST	DORAL, FL. 33172

**REINSTATEMENT** 08-09

*OK 11-16-09*

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of  
Managing Member/Manager

*Rose A. Segredo*

Date 11-10-09

Daytime Phone # 305-594-3200

Typed or printed name of signing Managing Member/Manager ROSE A. SEGREGO